

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39556

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4496</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>			
b. CITY OR TOWN <u>Shelbyville</u>		c. LENGTH OF STAY (in this place) <u>60 days</u>		c. CITY OR TOWN <u>Shelbyville</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Loy</u>		b. (Middle) <u>Warwick</u>		c. (Last) <u>Ritz</u>	
4. DATE OF DEATH		(Month) <u>Nov</u> (Day) <u>14</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 17-1903</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Days <u>1</u> Hours <u>27</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Civil Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Marionette Ia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lucius Ritz</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Ritz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>507-02-6619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Ritz</u>		ADDRESS <u>Shelbyville Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Occlusion</u> <u>Sudden death - He had had chest symptoms at times for some time. He was dying when I found him.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Saw him</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 4/201	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Nov 14</u> , 1950, to <u>Nov 14</u> , 1950, that I last saw the deceased alive on <u>Nov 14</u> , 1950, and that death occurred at <u>5:00 p.m.</u> from the causes and on the date stated above.		23a. SIGNATURE <u>R.G. Proctor M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Shelbyville Mo</u>	
23c. DATE SIGNED <u>11-16-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lewistown Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Lewistown Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>11-18-50</u>		24f. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coder Funeral Home</u>	
ADDRESS _____		ADDRESS _____		ADDRESS _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1961

SEP 8 1961

Date Received: NOV 20 1960
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1961
Date Filed: NOV 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

E. P. Thompson

Student Embalmer No. _____

working under my personal supervision.

Signed *E. P. Thompson*

Signed _____
Student Embalmer

Licensed Embalmer No. 1632

P. O. Address *Shelbyville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.